

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MARYLAND

Suzanne Lee Kharmouche

19983 Presidents Cup Terrace

Ashburn, VA 20147

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-against-

Paul J. Mackoul, M.D.

And

The Center for Innovative GYN Care

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

Complaint for a Civil Case

Case No. _____
(to be filled in by the Clerk's Office)

Jury Trial: ☒ Yes ☐ No
(check one)

TDC 18 CV 1691

FILED
U.S. DISTRICT COURT
DISTRICT OF MARYLAND
CLERK'S OFFICE
AT GREENBELT
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I. The Parties to This Complaint

A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	Suzanne Lee Kharmouche
Street Address	19983 Presidents Cup Terrace
City and County	Ashburn, Loudoun County
State and Zip Code	Virginia 20147
Telephone Number	703-965-0191
E-mail Address	SusieKharmouche@gmail.com

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

Defendant No. 1

Name	Paul J. Mackoul, M.D.
Job or Title (if known)	
Street Address	3206 Tower Oaks Blvd., Suite 200
City and County	Rockville, Montgomery
State and Zip Code	Maryland 20852
Telephone Number	888-787-4379 / 240-669-3134
E-mail Address (if known)	News@Innovativegyn.com

Defendant No. 2

Name	The Center for Innovative GYN Care
Job or Title (if known)	
Street Address	3206 Tower Oaks Blvd., Suite 200
City and County	Rockville, Montgomery
State and Zip Code	Maryland 20852
Telephone Number	888-787-4379 / 240-669-3134
E-mail Address (if known)	News@Innovativegyn.com

Defendant No. 3

Name	
Job or Title (if known)	
Street Address	
City and County	
State and Zip Code	
Telephone Number	
E-mail Address (if known)	

Defendant No. 4

Name	
Job or Title (if known)	
Street Address	
City and County	
State and Zip Code	
Telephone Number	
E-mail Address (if known)	

(If there are more than four defendants, attach an additional page providing the same information for each additional defendant.)

II. Basis for Jurisdiction

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation and the amount at stake is more than \$75,000 is a diversity of citizenship case. In a diversity of citizenship case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal court jurisdiction? *(check all that apply)*

☐ Federal question

☒ Diversity of citizenship

Fill out the paragraphs in this section that apply to this case.

A. If the Basis for Jurisdiction Is a Federal Question

List the specific federal statutes, federal treaties, and/or provisions of the United States Constitution that are at issue in this case.

B. If the Basis for Jurisdiction Is Diversity of Citizenship

1. The Plaintiff(s)

a. If the plaintiff is an individual

The plaintiff, *(name)* Suzanne Kharmouche, is a citizen of the State of *(name)* Virginia.

b. If the plaintiff is a corporation

The plaintiff, *(name)* _____, is incorporated under the laws of the State of *(name)* _____ and has its principal place of business in the State of *(name)* _____.

(If more than one plaintiff is named in the complaint, attach an additional page providing the same information for each additional plaintiff.)

2. The Defendant(s)

a. If the defendant is an individual

The defendant, *(name)* Paul J. Machoul, M.D., is a citizen of the State of *(name)* Maryland. Or is a citizen of *(foreign nation)*.

b. If the defendant is a corporation

The defendant, *(name)*, is incorporated under the laws of the State of *(name)*, and has its principal place of business in the State of *(name)*. Or is incorporated under the laws of *(foreign nation)*, and has its principal place of business in *(name)*.

(If more than one defendant is named in the complaint, attach an additional page providing the same information for each additional defendant.)

3. The Amount in Controversy

The amount in controversy—the amount the plaintiff claims the defendant owes or the amount at stake—is more than \$75,000, not counting interest and costs of court, because *(explain)*:

suffered conscious pain and suffering both in past and future; lost income; incurred medical bills and future medical expenses; suffers mental and emotional anguish; and permanent physical injuries; etc.

III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

Defendants hold themselves out to the general public as competent and skilled medical providers licensed to practice in the State of Maryland. Defendants had a duty to treat Plaintiff with requisite degree of knowledge, skill and competence ordinarily exercised by other members of their respective profession, taking into account the existing state of knowledge and practice in medical care in the course of examining, diagnosing, treating, prescribing and/or caring for Plaintiff. On June 10, 2016 Plaintiff had a vaginal hysterectomy performed by Defendants. As a result of Defendants negligence during surgery and care of Plaintiff, Plaintiff suffered physical injury to her body, including, but not limited to, a vaginal cuff dehiscence and extreme abdominal and pelvic pain and bleeding. That all of the injuries and damages sustained by Plaintiff were the direct and proximate result of the negligent actions and breaches of the applicable standards of medical care by Defendants without any act or omission on the part of Plaintiff directly contributing. Plaintiff did not assume the risk of her injuries.

Defendants performed the vaginal hysterectomy (uterus, cervix, bilateral tubes, and ovaries) and conducted their negligent acts at Defendants' surgical center and medical offices located in Rockville, Maryland.

IV. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive-money damages. For any request for injunctive relief, explain why monetary damages at a later time would not adequately compensate you for the injuries you sustained, are sustaining, or will sustain as a result of the events described above, or why such compensation could not be measured.

The Plaintiff claims monetary damages against Defendants in an amount to be determined at trial, plus costs, and for any further relief that this Honorable Court deems necessary and appropriate. (See amount in controversy description of damages).

V. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: June 8th, 2018

Signature of Plaintiff

Printed Name of Plaintiff

[Signature]
Sata Khawwiche

(If more than one plaintiff is named in the complaint, attach an additional certification and signature page for each additional plaintiff.)

B. For Attorneys

Date of signing: _____, 20__

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Address

Telephone Number

Email Address